

IN THE CLAIMS:

The following listing of claims will replace all prior versions, and listings, of the claims in the application:

1-34. (Cancelled)

35. (Currently amended) A method of collecting and presenting patient data, the method comprising:

receiving a data request from a patient via a secure publicly accessible network connection;

querying at least one database from a plurality of databases for via a database connectivity module, the plurality of databases containing medical records data, appointment scheduling data, and billing data pertaining to the patient;

determining the access status of the patient;

selecting records on the at least one database that satisfy the data request and are accessible to the patient; and

presenting data to the patient from one or more selected data fields on the at least one database in accordance with one or more objects or templates via the secure publicly accessible network connection.

36. (Previously presented) The method of Claim 35, wherein the at least one database includes a legacy database.

37. (Withdrawn) The method of Claim 35, wherein the at least one database is a proprietary database having a proprietary interface to the proprietary database.

38. (Withdrawn) The method of Claim 35, wherein the querying, the determining, the selecting and the presenting steps can be applied without knowing the proprietary interface to the proprietary database.

39. (Currently amended) The method of Claim ~~38~~ 35, wherein the data from the at least one database are presented to the patient without modifying the at least one database and without redesigning the at least one database.

40 - 41. (Cancelled)

42. (Previously presented) The method of Claim 35, wherein the step of presenting the data to the patient comprises presenting the selected data fields with one or more objects or templates in a form chosen from the group consisting of clinical records, digital images, treatment records, diagnoses, treatment plans, educational information regarding treatment, appointments, recalls, bills, patient payments and charges, insurance payments and charges, no shows, greetings, prescriptions, referrals, and referral reports.

43. (Canceled)

44. (Previously presented) The method of Claim 35, wherein the step of determining access status of the patient comprises matching an identifier and a password to values thereof stored in a password repository and wherein the password repository is not associated with the at least one database.

45. (Previously presented) The method of Claim 44, wherein the access status is determined without modifying the at least one database.

46. (Previously presented) The method of Claim 44, wherein the patient further supplies elements of data in response to queries, which elements are matched against the at least one database entries to grant or deny access and wherein the matching of the elements against the database entries is integrated with, but managed separately from, the at least one database.

47. (Previously presented) The method of Claim 46, wherein the patient is able to issue and maintain its access status without any assistance from a practitioner.

48. (Cancelled)

49. (Previously presented) The method of Claim 46, wherein the elements matched against database entries include one or more of birthdate, social security number, and other identifying information, and wherein the step of determining access status of the patient further comprises prompting the patient for additional data until an authenticated, unambiguous match is established.

50. (Previously presented) The method of Claim 35, wherein data within the at least one database includes:

a) an array of blocks of time set aside for specific procedures, each of the procedures having a unique scheduling code, and

b) an array of patients requiring a procedure, each of the procedures having a scheduling code as specified in (a); and

wherein a patient requiring a procedure schedules a block of time for the procedure by selecting a block of time having a scheduling code corresponding to the patient's scheduling code.

51. (Previously presented) The method of Claim 35, further comprising:
receiving payment for a health care provider on behalf of a patient;
posting payment information into patient accounts on the at least one
database;
tracking copayments and deductibles for the patient on the databases;
and
billing copayment and deductible balances to the patient with an
explanation of copayments and deductibles to the patient.

52. (Previously presented) The method of Claim 51, wherein the step of
tracking copayments and deductibles for the patient comprises grouping and
aggregating deductibles and copayments by patient families.

53. (Previously presented) The method of Claim 52, further comprising
reporting deductibles and copayments grouped and aggregated by patient families to a
family member.

54. (Cancelled)

55. (Currently amended) The method of Claim ~~54~~ 35, wherein the at least one
database is not designed for presenting data to the recipient from one or more selected
data fields on the at least one database in accordance with one or more objects or
templates via a medium determined by the recipient.

56. (Previously presented) A system for collecting and presenting patient data, the system comprising:

a database connectivity module for connecting to a plurality of databases, the plurality of databases containing medical records data, appointment scheduling data, and billing data;

at least one database server connected to the database connectivity module; and

a web server connected to an application server, the application server connected to the database connectivity module, the web server adapted to receive data requests from a patient via a secure publicly accessible network connection;

wherein the system is controlled and configured to

a) submit a query from a patient on at least one database of the plurality of databases through the database connectivity module for patient and provider-patient specific data,

b) determine the access status of the patient,

c) select records from the at least one database that satisfy the query and are accessible by the patient, and

d) present data from one or more selected data fields from the at least one open database to the patient in accordance with one or more objects or templates via the secure publicly-accessible network connection.

57. (Previously presented) The system of Claim 56, wherein the at least one database includes a legacy database.

58. (Withdrawn) The system of Claim 56, wherein the at least one database is a proprietary database having a proprietary interface to the proprietary database.

59. (Withdrawn) The system of Claim 56, wherein the system can access the proprietary database without knowing the proprietary interface to the proprietary database.

60. (Previously presented) The system of Claim 59, wherein the system is controlled and configured to present the data from the at least one database without modifying the at least one database and without redesigning the at least one database.

61. (Previously presented) The system of Claim 56, wherein the database connectivity module can connect to a plurality of heterogeneous, cross-platform databases.

62. (Previously presented) The system of Claim 61, wherein the heterogeneous, cross-platform data bases comprise a plurality of databases having a plurality of database infrastructure constraints and a plurality of software constraints.

63. (Previously presented) The system of Claim 56, wherein the system is configured to receive requests for patient data over a web browser through the web server.

64. (Previously presented) The system of Claim 63, wherein the system is configured to deliver data through the web server on the web browser.

65. (Cancelled)

66. (Previously presented) The system of Claim 56, wherein the system is configured to determine access status of a patient by matching an identifier and a password to values thereof stored in a password repository and wherein the password repository is not associated with the at least one database.

67. (Previously presented) The system of Claim 66, wherein the system is further configured to determined the access status without modifying the at least one database.

68. (Previously presented) The system of Claim 66, wherein the patient further supplies elements of data in response to queries, which elements are matched against the at least one database entries to grant or deny access and wherein the patient is able to issue and maintain its access status without aid from a practitioner.

69. (Previously presented) The system of Claim 68, wherein the system is configured to manage the matching of the elements against the database entries away from the at least one database.

70. (Previously presented) The system of Claim 68, wherein the elements matched against database entries include one or more of birthdate, social security number, and identifying information, and wherein the system is configured to prompt the user for additional data until an authenticated, unambiguous match is established.

71. (Previously presented) The system of Claim 56, wherein the database connectivity module comprises an Open DataBase Connectivity (ODBC) module.

72. (Previously presented) The system of Claim 56, wherein the at least one database is a provider database and wherein the database connectivity module comprises tools and applications to access the provider database and to take data from the provider database.

73. (Previously presented) The system of Claim 72, wherein the provider database is a proprietary database having an undocumented interface.

74. (Previously presented) The system of Claim 56, wherein the system is further controlled and configured to collect patient data.

75. (Previously presented) The system of Claim 74, wherein the patient data comprises patient histories, questions for the practitioner, and e-mail addresses, wherein the patient data is collected without burdening a practitioner, and wherein the system is configured to receive the patient data over a designated terminal within an office of the practitioner.

76. (Previously presented) The system of Claim 75, wherein the system is configured to automatically send customized correspondence to the patient based on the patient data.

77. (Previously presented) The system of Claim 76, wherein the correspondence comprises billing reminders, appointment reminders, recall reminders, and no show reminders.

78. (Withdrawn) The system of Claim 76, wherein the correspondence comprises birthday greetings.

79. (Previously presented) The system of Claim 76, wherein the correspondence comprises a correspondence regarding treatment.

80. (Canceled)

81. (Previously presented) The system of Claim 74, wherein the system is able to receive the patient data from the patient without any assistance from a practitioner.

82. (Previously presented) The system of Claim 81, wherein the patient data comprises patient histories, questions for the practitioner, and e-mail addresses.

83. (Previously presented) The system of Claim 82, wherein the system is configured to automatically send a customized correspondence to the patient based on the patient data.

84. (Previously presented) The system of Claim 83, wherein the correspondence comprises billing reminders, appointment reminders, and patient greetings.

85. (Previously presented) The system of Claim 84, wherein the system is configured to receive the patient data over a designated terminal via a private network of the practitioner.

86. (Withdrawn) The system of Claim 84, wherein the system is configured to received the patient data over a web site of the practitioner.

87. (Previously presented) The system of Claim 56, wherein the data presented to the patient from the one or more selected data fields comprises a customized correspondence that is automatically delivered by the system to the patient.

88-91. (Cancelled)

92. (Previously presented) A system for collecting and presenting patient data, the system comprising:

a web server adapted to send and receive information to/from a patient via a secure publicly accessible network connection;

a database server adapted to communicate with a plurality of databases containing medical records data, appointment scheduling data, and billing data; and

an application server operatively coupled to the web server and the database server, the application server adapted to:

- a) submit a query to at least one database via the database server based on an information request received from the patient via the web server,
- b) determine the access status of the patient,
- c) receive data records from the at least one database that satisfy the query and are permitted to be accessed by the patient, and
- d) present responsive information to the patient via the web server, the responsive information being selected from the data records and formatted in accordance with one or more objects or templates.

93. (Previously presented) The system of Claim 92, wherein the at least one database includes at least one legacy database.

94. (Previously presented) The system of Claim 92, wherein the application server is further adapted to determine access status of the patient by matching an identifier and a password to values thereof stored in a password repository and wherein the password repository is not associated with the at least one database.

95. (Cancelled).

96. (Previously presented) The system of Claim 92, wherein the patient further supplies elements of data in response to queries, which elements are matched against the at least one database entries to grant or deny access and wherein the patient is able to issue and maintain its access status without aid from a practitioner.

97. (Previously presented) The system of Claim 92, wherein the application server is further adapted to collect patient identifying data from the patient via the web server.

98. (Previously presented) The system of Claim 97, wherein the patient data comprises at least one of patient health history, questions for a practitioner, and e-mail address.

99. (Previously presented) The system of Claim 92, wherein the application server is further adapted to send customized correspondence to the patient via the web server.

100. (Previously presented) The system of Claim 99, wherein the customized correspondence includes at least one of billing reminders, appointment reminders, recall reminders, and no show reminders.

101. (Previously presented) The system of Claim 92, wherein the application server is further adapted to receive appointment requests from the patient via the web server.